

"TOSHA" Tulalip Occupational Safety and Health Administration

INJURY/ILLNESS MANAGEMENT CHECKLIST

mployee Name: Date of Injury/Illness:		
Employee's Home Phone #:		
When an employee has reported an inshould be taken:	njury/illness that requires medical attent	ion, the following actions
ACTION 1	TO BE TAKEN	DATE COMPLETED
1. Complete internal incident report		
2. Tribal First Claim packet given to Employee		
3. Accident report and supporting do	ocumentation submitted to Tribal First	
4. Obtain Employee's work restriction	ns and identify modified job availability	
5. Meet with the Employee to discuss	s light/modified return to work	
6. Contact Tribal First with return-to-	work information	
7. Employee released to full duty or o (specify which)	date of Employee termination	

A COPY OF ALL INFORMATION PERTAINING TO THE N-THE-JOB INJURY MUST BE FORWARDED TO TRIBAL FIRST AS SOON AS POSSIBLE.